

County: Ozaukee
CEDAR SPRINGS HEALTH/REHABILITATION CENTER
N27 W5707 LINCOLN BOULEVARD

Facility ID: 4180

Page 1

CEDARBURG 53012 Phone: (262) 376-7676
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 60
Total Licensed Bed Capacity (12/31/01): 60
Number of Residents on 12/31/01: 55

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? No
Average Daily Census: 56

Corporation
Skilled
Yes
Yes
No
56

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		69.1	
Home Health Care	No					1 - 4 Years		29.1	
Supp. Home Care-Personal Care	No					More Than 4 Years		1.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6				
Day Services	No	Mental Illness (Org./Psy)	3.6	65 - 74	14.5				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	43.6			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	30.9				
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.3				
Congregate Meals	No	Cancer	1.8			*****			
Home Delivered Meals	No	Fractures	7.3			Full-Time Equivalent			
Other Meals	No	Cardiovascular	9.1	65 & Over	96.4	Nursing Staff per 100 Residents			
Transportation	Yes	Cerebrovascular	18.2			(12/31/01)			
Referral Service	No	Diabetes	9.1	Sex	%	RNs		15.1	
Other Services	Yes	Respiratory	14.5			LPNs		13.5	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	36.4	Male	25.5	Nursing Assistants,			
Provide Day Programming for Developmentally Disabled	No		100.0	Female	74.5	Aides, & Orderlies			
						51.2			

						100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	21	100.0	248	0	0.0	0	0	0.0	0	26	100.0	185	0	0.0	0	8	100.0	384	55	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		0	0.0		0	0.0		26	100.0		0	0.0		8	100.0		55	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	2.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	72.7	27.3	55
Other Nursing Homes	4.7	Dressing	5.5	67.3	27.3	55
Acute Care Hospitals	0.0	Transferring	7.3	65.5	27.3	55
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	5.5	67.3	27.3	55
Rehabilitation Hospitals	92.1	Eating	67.3	5.5	27.3	55
Other Locations	0.9	*****				
Total Number of Admissions	316	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	3.6		Receiving Respiratory Care	20.0
Private Home/No Home Health	30.5	Occ/Freq. Incontinent of Bladder	49.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	26.3	Occ/Freq. Incontinent of Bowel	29.1		Receiving Suctioning	0.0
Other Nursing Homes	6.3				Receiving Ostomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube Feeding	1.8
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.6		Receiving Mechanically Altered Diets	25.5
Rehabilitation Hospitals	10.5					
Other Locations	12.7	Skin Care			Other Resident Characteristics	
Deaths	13.7	With Pressure Sores	3.6		Have Advance Directives	100.0
Total Number of Discharges (Including Deaths)	315	With Rashes	3.6		Medications	
					Receiving Psychoactive Drugs	49.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	77.1 1.21	86.3 1.08	82.7 1.13	84.6 1.10
Current Residents from In-County	52.7	82.7 0.64	89.4 0.59	85.3 0.62	77.0 0.68
Admissions from In-County, Still Residing	9.2	19.1 0.48	19.7 0.47	21.2 0.43	20.8 0.44
Admissions/Average Daily Census	564.3	173.2 3.26	180.6 3.12	148.4 3.80	128.9 4.38
Discharges/Average Daily Census	562.5	173.8 3.24	184.0 3.06	150.4 3.74	130.0 4.33
Discharges To Private Residence/Average Daily Census	319.6	71.5 4.47	80.3 3.98	58.0 5.51	52.8 6.06
Residents Receiving Skilled Care	100	92.8 1.08	95.1 1.05	91.7 1.09	85.3 1.17
Residents Aged 65 and Older	96.4	86.6 1.11	90.6 1.06	91.6 1.05	87.5 1.10
Title 19 (Medicaid) Funded Residents	0.0	71.1 0.00	51.8 0.00	64.4 0.00	68.7 0.00
Private Pay Funded Residents	47.3	13.9 3.41	32.8 1.44	23.8 1.99	22.0 2.15
Developmentally Disabled Residents	0.0	1.3 0.00	1.3 0.00	0.9 0.00	7.6 0.00
Mentally Ill Residents	3.6	32.5 0.11	32.1 0.11	32.2 0.11	33.8 0.11
General Medical Service Residents	36.4	20.2 1.80	22.8 1.59	23.2 1.57	19.4 1.87
Impaired ADL (Mean)	55.6	52.6 1.06	50.0 1.11	51.3 1.08	49.3 1.13
Psychological Problems	49.1	48.8 1.01	55.2 0.89	50.5 0.97	51.9 0.95
Nursing Care Required (Mean)	6.8	7.3 0.93	7.8 0.87	7.2 0.95	7.3 0.93